**Washington State
Department of Social
& Health Services**
*Medical Assistance
Administration*

News from HIPAA & Medicaid

AN IMPORTANT MESSAGE FOR THE BILLING STAFFS OF HEALTH-CARE PROVIDERS:

ON OCTOBER 16, PROVIDERS HAVE TO LET MEDICAID KNOW IF 837 CLAIMS ARE SWITCHING FROM "TEST" TO THE REAL THING

OLYMPIA, Wash. – Providers and submitters preparing to file live HIPAA-compliant claims with the Medical Assistance Administration (MAA) on and after October 16 will have one important base to touch: They must signal MAA when they are ready to submit production claims and are no longer testing. Without the signal, MAA will not be able to separate a provider's live claims from its tests.

MAA is preparing a special page on the MAA HIPAA Internet to make this easier for providers. Providers will be able to check off several key questions – did they return their enrollment packets, have they completed testing, are they ready to file production claims? Once MAA receives the answers, that provider's master file will be updated and any claims submitted from that point on

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will be regarded as production claims. This applies to the three major kinds of claim formats: 837P (physician/professional); 837I (institutional/hospital); and 837D (dental).

QUESTION: *What if you are not sure that you are HIPAA compliant?* **Answer:** The best way to be sure is for the provider to send some of his or her own test claims to Medicaid and receive back a test remittance advice. Providers who file through clearinghouses, billing services or software vendors should check with those intermediaries to see whether they have tested with the Medicaid clearinghouse and if they will send some of the provider's test claims on to Medicaid. The clearinghouses and other submitters will be able to advise the provider on the necessary actions to begin this testing.

QUESTION: *What if you are not ready to file HIPAA-compliant claims?* **Answer:** In this case, providers should take advantage of MAA's dual support strategy and continue to file claims on their old system until they upgrade to HIPAA-compliant status.

QUESTION: *What if you have not yet returned the enrollment packet to ACS?* **Answer:** In that case, providers must use their old claims filing system. Until providers send back their enrollment packets, MAA and Affiliated Computer Services (ACS) cannot register the new filing number needed to make the 837 claims work. If providers already have a submitter number to send electronic claims, they should not have to get a new number, but they still must complete and return their enrollment packet and get their submitter and provider numbers registered with ACS.)

QUESTION: *When providers use the old system, do they also use the old procedure codes?* **Answer:** No. While the Medicaid Management Information System (MMIS) will still be able to handle the old claim formats during the transition, MMIS will switch over entirely to the new codes on October 16.

Billing instructions have been updated and are posted on the MAA Web site. Be sure to check them. Remember: The new procedure codes are effective with October 16, 2003, DATES OF SERVICE. Rebillings for services rendered prior to 10/16/03 should still be submitted with the old codes that were in effect at that time.

DIRECT-CONTACT CAMPAIGN: Medicaid has begun direct calls to all of our Washington State providers who use electronic claims. The calls are focused on whether providers have returned their provider enrollment packets and begun to test. MAA also is contacting the major clearinghouses that file claims with Medicaid, urging them to contact their providers/customers and bring them up to date on the status of their testing and readiness.

WINASAP2003 TIPS: Testers at MAA have been working with the free WINASAPS2003 software and have compiled a list of "Quick Tips" that will help providers use the system once they have downloaded it from the ACS Web site. Technical support is also available from MAA. Look for these tips on the MAA Web page this week: http://maa.dshs.wa.gov

NOTE: Washington State is modifying its current Medicaid Management Information System (MMIS) computers to handle the new HIPAA-compliant claims. But Medicaid is not turning off its current claims-handling process, so Washington providers will have a backup if their HIPAA claims run into difficulty. MAA also advises against reverting to paper claims, because the processing takes longer and will delay the entire claims-reimbursement system.

HIPAA HELP (Save these contacts):

- **Affiliated Computer Services (ACS)** hot line for technical testing questions on software or ACS EDI GATEWAY SERVICES: 1-800-833-2051
- **DSHS HIPAA Web site** for free software and HIPAA-compliance information: http://maa.dshs.wa.gov/dshshipaa
- **Federal HIPAA compliance site,** with practical advice for providers and the answers to frequently-asked questions (FAQ): http://www.cms.gov/hipaa
- **Executive summary of MAA's HIPAA compliance plan**: http://maa.dshs.wa.gov/dshshipaa/attachments/pdf/HIPAAExecSummary_012804.pdf
- **ACS EDI Gateway, Inc.:** http://www.acs-gcro.com/Medicaid_Accounts/medicaid_accounts.htm
- **POS:** Email provider.relations@acs-inc.com or call 1-800-365-4944 to get in contact with customer service representatives and set up testing. Information is also available on the ACS Web site at: http://www.acspbmhipaa.com
- **SPECIAL POS SUPPORT:** Randy Stamp (randy.stamp@acs-inc.com)

HUMAN CONTACT:

Chris Johnson, HIPAA Contingency Planning, 360-725-1239
Bob Burlingame, HIPAA Provider Testing, 360-725-1256
Becky Boutilier, HIPAA Communications Manager, 360-725-2129 (boutibm@dshs.wa.gov)
Jim Stevenson, MAA Communications Director, 360-725-1915 (stevejh2@dshs.wa.gov)
Send email questions to hipaacommunications@dshs.wa.gov

HELP A COLLEAGUE:

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